

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 1 3

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

08-01-00

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.90

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 46,668

b. FFY 2001 \$ 280,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 1a

Attachment 4.19-B, Page 4b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same Page, Revised 12-01-99, TN#99-23

Same Page, Revised 04-01-85, TN#85-04

10. SUBJECT OF AMENDMENT:

Changing reimbursement methodology to allow for change from four levels of  
care to eight levels of care for ambulatory surgery.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

9/27/00

16. RETURN TO:

Oklahoma Health Care Authority

Attn: Billie Wright

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 28, 2000

18. DATE APPROVED:

November 29, 2000

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

August 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

Calvin G. Cline

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

c: Mike Fogarty  
Billie Wright  
Jim Hancock

State: OKLAHOMA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE**

---

3. **Outpatient surgical services** – Payment is made for facility services for certain outpatient surgical procedures. The list of covered outpatient surgical procedures is maintained in the Agency procedure code computer database and the Agency library. The surgical procedures are classified into eight payment groups, taking into consideration the Medicare methodology for payment of Ambulatory Surgical Centers. All procedures within the same payment group are paid at a single payment rate. The rates applicable to the payment groups are as follows:

Group I	\$204.10	Group V	\$440.70
Group II	\$274.30	Group VI	\$512.85
Group III	\$313.30	Group VII	\$603.20
Group IV	\$386.75	Group VIII	\$611.65 *

STATE <u>OKlahoma</u>		A
DATE RECD	<u>04-28-00</u>	
DATE APPVD	<u>11-29-00</u>	
DATE EFF	<u>08-01-00</u>	
HCFA 177	<u>00-13</u>	

TN# 00-13  
Supersedes  
TN# 99-23

Approval Date 11-29-00Revised 08-01-00  
Effective Date 08-01-00

State: OKLAHOMA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE**

---

**Free-Standing Ambulatory Surgery Center – Clinic**

Payment for facility services will be made to free-standing ambulatory surgery centers which have a contract with the Agency. Payment is made for facility services for certain outpatient surgical procedures. The list of covered outpatient surgical procedures is maintained in the Agency procedure code computer database and in the Agency library. The surgical procedures are classified in eight payment groups, taking into consideration the Medicare methodology for payment of Ambulatory Surgical Centers. All procedures within the same payment group are paid at a single payment rate. The rates applicable to the payment groups are as follows.

Group I	\$204.10	Group V	\$440.70
Group II	\$274.30	Group VI	\$512.85
Group III	\$313.30	Group VII	\$603.20
Group IV	\$386.75	Group VIII	\$611.65

STATE	<u>Oklahoma</u>	A
DATE REC'D	<u>09-28-00</u>	
DATE APP'D	<u>11-29-00</u>	
DATE EFF	<u>08-01-00</u>	
HCFA 179	<u>00-13</u>	

TN# 00-13 Approval Date 11-29-00 Revised 08-01-00 Effective Date 08-01-00  
Supersedes  
TN# 85-04